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08/18/2004

ARTHROCARE CORPORATION 680 VAQUEROS AVENUE SUNNYVALE, CA 94085-3523

11/16/2004 MBEYENE2 00000046 500359 10082017

02 FC:1504 03 FC:8001

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(Depositor's name)	Michellenicaly
(Signature)	MANDULIS
(Date)	NOV. 1012009

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/082.017	02/25/2002	Scott A. Ciarrocca	G-4	4438	

TITLE OF INVENTION: ELECTROSURGICAL APPARATUS AND METHODS FOR CUTTING TISSUE

APPLN. TYPE	SMALL ENTITY	ISSUE FI	EE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330)	\$300	\$1630	11/18/2004
EXA	MINER	ART UN	IT	CLASS-SUBCLASS		
СОНЕ	N, LEE S	3739		606-045000		
Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.			(1) the na or agents	nting on the patent front page, list times of up to 3 registered patent OR, alternatively,	t attorneys 1 OHN	T. RAFFLE
□ "Fee Address" indication (or "Fee Address" Indication form			(2) the na	me of a single firm (having as a	memoci a -	

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

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Number is required.

2 registered patent attorneys or agents. If no name is listed, no name will be printed.

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ARTHROCARE CORPORATION	SUNNYVALE CALIFORNIA			
Please check the appropriate assignee category or categories (will not				
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(Authorized Signature)	(Date)	9,2004
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